

FEB 8 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, Mo.

(No.....)

City Hospital No 1791
1003

File No.....

4125
1168

Registered No.....

St.....

Ward.....

2. FULL NAME Isaac Peppers(a) Residence, No. 4535 Oakland Ave. St. 18 Ward. 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Amanda Peppers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 1875

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

61

8

10

day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Nil

26²9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year).....11. Total time (years)
spent in this
occupation.....12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Missouri

FATHER

13. NAME

Samuel Peppers

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Missouri

MOTHER

15. MAIDEN NAME

Unknown Medley

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Missouri

17. INFORMANT
(ADDRESS)Clyde Peppers
6205 Elizabeth Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cedar Hill Mo. DATE 1/27/37 19.....19. UNDERTAKER
(ADDRESS)Edith E. Ambruster
4234 Manchester Ave.

20. FILED

JAN 26 1937

J. S. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation.....

Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed).....

(Address).....

Alfred J. Perry, M. D.
Deputy Coroner

